

Application for Certification

Section of Community Health & Emergency Medical Services

Box 110616

Juneau, AK 99811-0616

(907)465-3027/FAX: 465-4101

I am applying for certification as an: ☐ ETT Instructor ☐ EMT-I Instructor

Name:	Certificate/License Number:
Address:	Date of Birth:
	Home Phone:
	Work Phone:
Occupation:	
Ethnic Origin (Optional): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	

Yes No

☐☐

Have you been convicted of a violation of federal or state law, excluding minor traffic violations, within the last **ten** years?

☐☐

Have you ever been convicted of a violation of federal or state law pertaining to medical practice or drugs?

If you marked "YES" in response to either of the preceding two questions, please refer to the "Instructions for Affidavits" on page 2.

Verification of Instructor Training		
This verifies that the individual named above has successfully completed a department approved instructor training program for the level at which he or she is applying.		
Signature of Instructor:	Date:	Class Number:

Request for a Waiver of CPR Instructor Certification (Optional)	
I am requesting that the requirement for evidence of a valid CPR Instructor certification be waived. I will ensure that the CPR portions of any EMT courses for which I am the primary instructor will be taught by a person who has a valid CPR instructor certification.	
Signature of Applicant:	Date:

Application Checklist:

All Applicants

- ☐ Completed and signed application.
- ☐ Evidence of having successfully completed a department approved instructor training program within the preceding 12 months.
- ☐ Evidence of a valid CPR Instructor certification, (unless the waiver requested above has been approved).

VERIFYING SIGNATURE

- (1) **(IN THE PRESENCE OF A NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE, IF SUCH OFFICIAL IS AVAILABLE, APPLICANT MUST SIGN HERE.)**

I certify under penalty of perjury that the foregoing is true and accurate.

Signature of Applicant

Date

THIS IS TO CERTIFY that on this _____ day of _____, 19____, before me appeared _____ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

My Commission Expires _____

- (2) **(IF THERE IS NO NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE AVAILABLE, APPLICANT AND CERTIFYING OFFICER MUST SIGN HERE.)**

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.

Signature of Applicant

Date

Signature of State Approved
EMS Certifying Officer

Location

Instructions for Affidavits

All individuals who responded "YES" to either of the two questions on page one of this application must submit a signed affidavit with this application for certification. The affidavit must include specific dates, sentencing or treatment requirements, and any other information you believe is germane to your application for EMT certification. The affidavit must be signed in the presence of a notary public, postmaster, clerk of court, judge, magistrate, state trooper or authorized state employee or EMS certifying officer.

Applicants who responded "YES" to the question regarding convictions for violating a federal or state law must obtain and submit the results of a criminal record check from the Alaska Department of Public Safety. The record check must have been completed within the 90 days preceding the date of application. If the criminal conviction was for a traffic related offense, a driving history from the Department of Public Safety also must be submitted. The driving record must have been completed within the 90 days preceding the date of application.